

85 Devonshire Street, Suite 1000 Boston, MA 0219

Tel: 617-482-4587 Fax: 617-482-0937 www.unagb.org

# CONTACT INFORMATION AND MEDIA RELEASE FORM

**Dear Parent or Guardian:**

Below you will find a request for contact information and a consent form determining the permission granted to United Nations Association of Greater Boston (UNAGB) and those authorized by UNAGB to interview, videotape and photograph you and/or your child at UNAGB affiliated events. Please complete this form and return it to the UNAGB.

**Contact Information:**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone Number to Contact Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Mailing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Would you like to be added to our email list?*** *(We will inform you of upcoming UNAGB activities)*

Yes please add me to your email list! No thank you.

**Media Release:** I hereby give consent to the United Nations Association of the Greater Boston (UNAGB) and those authorized by UNAGB interviewing, photographing, videotaping, publishing, exhibiting, or reproducing materials to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on the UNAGB or partner organization websites, fundraising, or any purpose, materials and/or information concerning or including me and/or my child at United Nations Association events. I, the undersigned, also consent that I will not seek compensation for my or my child’s participation herein.

***Please place a check mark next to one of the following statements:***

I do give UNAGB the media release permissions stated above

I do **not** give UNAGB the media release permissions stated above

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_